



Federal Deposit Insurance Corporation
7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

January 11, 2012

**RICHARD DEVASTEY
C/O SUSAN J. WIENER, ESQ.
LAW OFFICES OF JAMES L. BARLOW
900 EAST 8TH AVENUE, SUITE 301
KING OF PRUSSIA, PA 19406**

**SUBJECT: 10303 – Progress Bank of Florida
Tampa, FL – In Receivership
Closing Date: October 22, 2010
Claims Bar Date: January 26, 2011
Submission Deadline: April 10, 2012**

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

Dear Claimant:

On **October 22, 2010** (the "Closing Date"), the **Florida Office of Financial Regulation** closed **Progress Bank of Florida** (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

Published Notice/Claims Bar Date: The Receiver previously published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before January 26, 2011** (the "Claims Bar Date").

Filing After the Claims Bar Date: The Claims Bar Date in this matter has passed. Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver, and the disallowance will be final. 12 U.S.C. Section 1821(d)(5)(C)(i). By law, however, the Receiver may consider claims filed after the Claims Bar Date if: (1) the claimant did not receive notice of the appointment of the Receiver in time to file a claim, and (2) the claim is filed in time to permit payment of the claim (the "late-filed claim exception"). 12 U.S.C. Section 1821(d)(5)(C)(ii).

How to File Your Claim: The FDIC's web site and other important contact information you will need to submit your claim is set forth in the Instructions to the Proof of Claim enclosed with this notice.

Claims filed after the Claims Bar Date must be submitted to the FDIC as Receiver of **Progress Bank of Florida** either on line or by mail. If you choose to file your claim via the U.S. mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.



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Because the Claims Bar Date has passed, you must prove to the Receiver's satisfaction that you did not receive notice of the appointment of the Receiver in time to file a claim before the Claims Bar Date in order for the Receiver to consider your claim. Therefore, you should take the following actions:

- Submit the Proof of Claim in accordance with the enclosed Instructions.
- Provide supporting documentation regarding both your claim and your compliance with the late-filed claim exception.
- Submit the completed Proof of Claim and the supporting documentation to the Receiver **on or before April 10, 2012** (your "Submission Deadline"). Nothing in this letter is intended to imply that the Receiver has extended the Claims Bar Date.

If you file your claim after your Submission Deadline, the Receiver will disallow your claim.

Time for Receiver to Determine Your Claim: The Receiver will determine within 180 days from the date it receives your claim whether to allow or to disallow your claim.

If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance: Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before disallowance by the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, **whichever is earlier**. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia.

Lawsuits: If you do not file a lawsuit (or continue any lawsuit commenced before the appointment of the Receiver) before the end of the 60-day period, the disallowance of your claim will be final and you will have no further rights or remedies with respect to your claim. 12 U.S.C. Section 1821(d)(6)(B)(ii).

Note to Class Claimants: By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact the undersigned at **904-256-3925**.

Sincerely,

Rita Entsminger

CLAIMS AGENT
Claims Department

Enclosures: Proof of Claim, Instruction

**Federal Deposit Insurance Corporation**

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

**Instructions for filing Form FDIC 7200/19, Proof of Claim,
and Supporting Documentation**

INSTRUCTIONS: The following fields must be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE.** Date the form is signed.
8. **FIRM.** If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
9. **ADDRESS.** The address (including City, State, and ZIP code) of the individual completing this POC.
10. **TELEPHONE NUMBERS.** Telephone number of the individual completing this POC.

REQUIRED SUPPORTING DOCUMENTATION

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
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- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

SUBMITTING YOUR CLAIM

There are two ways to submit your claim:

- E-file via the internet by completing an online form FDIC 7200/19 and attaching supporting documentation. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim. It is highly recommended. Please go to: <https://www2.fdic.gov/NDCWeb/>
- Via mail to the following address: **7777 Baymeadows Way W Jacksonville, FL 32256** If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery.

NOTE: If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19

**Federal Deposit Insurance Corporation
as Receiver for
Progress Bank of Florida, Tampa, FL**

1. SSN/Tax ID No. _____

2. The undersigned _____
(Name of person completing the Proof of Claim)

EXHIBIT F (Page 4)



Federal Deposit Insurance Corporation

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

October 11, 2011

**CERTIFIED MAIL RECEIPT NO. 70102780000163995372
RETURN RECEIPT REQUESTED**

**CITY OF PHILADELPHIA
C/O PAULINE J. MANOS, ESQ.
DEPUTY CITY SOLICITOR
1515 ARCH STREET, 14TH FLOOR
CITY OF PHILADELPHIA LAW DEPARTMENT
PHILADELPHIA , PA 19102**

**SUBJECT: 10303 – Progress Bank of Florida
Tampa, FL – In Receivership
Closing Date: October 22, 2010
Claims Bar Date: January 26, 2011
Submission Deadline: January 09, 2012**

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

Dear Claimant:

On **October 22, 2010** (the "Closing Date"), the **Florida Office of Financial Regulation** closed **Progress Bank of Florida** (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

Published Notice/Claims Bar Date: The Receiver previously published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before January 26, 2011** (the "Claims Bar Date").

Filing After the Claims Bar Date: The Claims Bar Date in this matter has passed. Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver, and the disallowance will be final. 12 U.S.C. Section 1821(d)(5)(C)(i). By law, however, the Receiver may consider claims filed after the Claims Bar Date if: (1) the claimant did not receive notice of the appointment of the Receiver in time to file a claim, and (2) the claim is filed in time to permit payment of the claim (the "late-filed claim exception"). 12 U.S.C. Section 1821(d)(5)(C)(ii).

How to File Your Claim: The FDIC's web site and other important contact information you will need to submit your claim is set forth in the Instructions to the Proof of Claim enclosed with this notice.

Claims filed after the Claims Bar Date must be submitted to the FDIC as Receiver of **Progress Bank of Florida** either on line or by mail. If you choose to file your claim via the U.S. mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.


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Division of Resolutions and Receiverships

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- Submit the Proof of Claim in accordance with the enclosed Instructions.
- Provide supporting documentation regarding both your claim and your compliance with the late-filed claim exception.
- Submit the completed Proof of Claim and the supporting documentation to the Receiver **on or before January 09, 2012** (your "Submission Deadline"). Nothing in this letter is intended to imply that the Receiver has extended the Claims Bar Date.

If you file your claim after your Submission Deadline, the Receiver will disallow your claim.

Time for Receiver to Determine Your Claim: The Receiver will determine within 180 days from the date it receives your claim whether to allow or to disallow your claim.

If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance: Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before disallowance by the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, **whichever is earlier**. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia.

Lawsuits: If you do not file a lawsuit (or continue any lawsuit commenced before the appointment of the Receiver) before the end of the 60-day period, the disallowance of your claim will be final and you will have no further rights or remedies with respect to your claim. 12 U.S.C. Section 1821(d)(6)(B)(ii).

Note to Class Claimants: By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact the undersigned at **904-256-3925**.

Sincerely,

Rita Entsminger
CLAIMS AGENT
Claims Department

Enclosures: Proof of Claim, Instruction



Federal Deposit Insurance Corporation

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

INSTRUCTIONS: The following fields must be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE.** Date the form is signed.
8. **FIRM.** If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
9. **ADDRESS.** The address (including City, State, and ZIP code) of the individual completing this POC.
10. **TELEPHONE NUMBERS.** Telephone number of the individual completing this POC.

REQUIRED SUPPORTING DOCUMENTATION

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
- Claims for Services Rendered: You must enclose a copy of the correspondence or signed initial contract sent by the Failed Institution to request your services and an invoice. In the case of law firms (or other professional firms) retained by the Failed Institution, enclose an itemized invoice detailing charges accruing prior to failure. For appraisal services, enclose proof that the appraisal was completed.
- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

SUBMITTING YOUR CLAIM

There are two ways to submit your claim:

- E-file via the internet by completing an online form FDIC 7200/19 and attaching supporting documentation. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim. It is highly recommended. Please go to: <https://www2.fdic.gov/NDCWeb/>
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NOTE: If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19



Claimant ID: NS1030300353, Barcode Value: FD00084396, Fund: 10303

**Federal Deposit Insurance Corporation
as Receiver for
Progress Bank of Florida, Tampa, FL**

PROOF OF CLAIM

1. SSN/Tax ID No. _____
2. The undersigned _____
(Name of person completing the Proof of Claim)

hereby states that the subject Financial Institution, now in liquidation ("Failed Institution"), is indebted

3. to _____ (the "Claimant") in the sum of
(Name of Claimant)
4. \$ _____
5. Description of Claim

The undersigned further states that no part of said debt has been paid, that the Claimant has given no endorsement or assignment of the same or any part thereof, and that there is no set-off or counterclaim, or other legal or equitable defense to said claim or any part thereof.

6. NAME _____ 7. DATE _____
(Name, Title, and Signature of person completing the Proof of Claim)
8. FIRM _____
(if applicable)
9. ADDRESS _____
(City, State, and ZIP Code)
10. TELEPHONE NUMBER(S) _____

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

IMPORTANT NOTE: The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

PRIVACY ACT STATEMENT

The Federal Deposit Insurance Act (12 U.S.C. §§1819 and 1821) and Executive Order 9397 authorize the collection of this information. The FDIC will use the information to assist in the determination and/or payment of claims against the receivership estate of the failed financial institution. Submitting this information to the FDIC is voluntary. Failure, however, to submit all of the information requested and to complete the form entirely could delay or preclude the administration of claims against the receivership estate of the failed financial institution. The information provided by individuals is protected by the Privacy Act, 5 USC §552a. The information may be furnished to third parties as authorized by law or used according to any of the other routine uses described in the FDIC Insured Financial Institution Liquidation Records (FDIC-30-64-0013) System of Records. A complete copy of this System of Records is available at www.fdic.gov/regulations/laws/rules/2000-4050.html. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at Privacy@fdic.gov.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: City of Philadelphia c/o Pauline J. Manos, Esq. Deputy City Solicitor 1515 Arch St., 14th Floor City of Philadelphia Law Dept. Philadelphia, PA 19102		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7010 2780 0001 6399 5372			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To City of Philadelphia
c/o Pauline J. Manos Esq.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



Federal Deposit Insurance Corporation

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

June 13, 2011

**FRANCIS JOYCE
C/O LEE D. ROSENFELD, ESQ.
MESSA & ASSOCIATES, P.C.
123 SOUTH 22ND STREET
PHILADELPHIA, PA 19103**

**SUBJECT: 10303 – Progress Bank of Florida
Tampa, FL – In Receivership
Closing Date: October 22, 2010
Claims Bar Date: January 26, 2011
Submission Deadline: September 12, 2011**

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

Dear Claimant:

On **October 22, 2010** (the “Closing Date”), the **Florida Office of Financial Regulation** closed **Progress Bank of Florida** (the “Failed Institution”) and appointed the Federal Deposit Insurance Corporation (“FDIC”) as Receiver (the “Receiver”).

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Filing After the Claims Bar Date: The Claims Bar Date in this matter has passed. Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver, and the disallowance will be final. 12 U.S.C. Section 1821(d)(5)(C)(i). By law, however, the Receiver may consider claims filed after the Claims Bar Date if: (1) the claimant did not receive notice of the appointment of the Receiver in time to file a claim, and (2) the claim is filed in time to permit payment of the claim (the “late-filed claim exception”). 12 U.S.C. Section 1821(d)(5)(C)(ii).

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Division of Resolutions and Receiverships

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CLAIMS AGENT
Claims Department

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**Federal Deposit Insurance Corporation**

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Division of Resolutions and Receiverships

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Page down to access form FDIC 7200/19

PROOF OF CLAIM

- | |
|--|
| |
|--|

EXHIBIT F (Page 13)



Federal Deposit Insurance Corporation

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

February 07, 2012

**BERNARD AUGUST, IND. AND T/A MARISA MANGO REAL ESTATE
C/O MICHAEL J. DEMPSEY, ESQ.
MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN, P.C.
620 FREEDOM BUSINESS CENTER, SUITE 300
KING OF PRUSSIA, PA 19406**

**SUBJECT: 10303 – Progress Bank of Florida
Tampa, FL – In Receivership
Closing Date: October 22, 2010
Claims Bar Date: January 26, 2011
Submission Deadline: May 07, 2012**

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

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Published Notice/Claims Bar Date: The Receiver previously published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before January 26, 2011** (the “Claims Bar Date”).

Filing After the Claims Bar Date: The Claims Bar Date in this matter has passed. Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver, and the disallowance will be final. 12 U.S.C. Section 1821(d)(5)(C)(i). By law, however, the Receiver may consider claims filed after the Claims Bar Date if: (1) the claimant did not receive notice of the appointment of the Receiver in time to file a claim, and (2) the claim is filed in time to permit payment of the claim (the “late-filed claim exception”). 12 U.S.C. Section 1821(d)(5)(C)(ii).

How to File Your Claim: The FDIC’s web site and other important contact information you will need to submit your claim is set forth in the Instructions to the Proof of Claim enclosed with this notice.

Claims filed after the Claims Bar Date must be submitted to the FDIC as Receiver of **Progress Bank of Florida** either on line or by mail. If you choose to file your claim via the U.S. mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.



Federal Deposit Insurance Corporation

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

Because the Claims Bar Date has passed, you must prove to the Receiver's satisfaction that you did not receive notice of the appointment of the Receiver in time to file a claim before the Claims Bar Date in order for the Receiver to consider your claim. Therefore, you should take the following actions:

- Submit the Proof of Claim in accordance with the enclosed Instructions.
- Provide supporting documentation regarding both your claim and your compliance with the late-filed claim exception.
- Submit the completed Proof of Claim and the supporting documentation to the Receiver **on or before May 07, 2012** (your "Submission Deadline"). Nothing in this letter is intended to imply that the Receiver has extended the Claims Bar Date.

If you file your claim after your Submission Deadline, the Receiver will disallow your claim.

Time for Receiver to Determine Your Claim: The Receiver will determine within 180 days from the date it receives your claim whether to allow or to disallow your claim.

If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance: Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before disallowance by the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, **whichever is earlier**. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia.

Lawsuits: If you do not file a lawsuit (or continue any lawsuit commenced before the appointment of the Receiver) before the end of the 60-day period, the disallowance of your claim will be final and you will have no further rights or remedies with respect to your claim. 12 U.S.C. Section 1821(d)(6)(B)(ii).

Note to Class Claimants: By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact the undersigned at **904-256-3925**.

Sincerely,

CLAIMS AGENT
Claims Department

Enclosures: Proof of Claim, Instruction

**Federal Deposit Insurance Corporation**

7777 Baymeadows Way W Jacksonville, FL 32256

Division of Resolutions and Receiverships

**Instructions for filing Form FDIC 7200/19, Proof of Claim,
and Supporting Documentation**

INSTRUCTIONS: The following fields must be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO.** The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM.** Self-explanatory.
3. **NAME OF THE CLAIMANT.** This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM.** The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM.** Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE.** The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE.** Date the form is signed.
8. **FIRM.** If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
9. **ADDRESS.** The address (including City, State, and ZIP code) of the individual completing this POC.
10. **TELEPHONE NUMBERS.** Telephone number of the individual completing this POC.

REQUIRED SUPPORTING DOCUMENTATION

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
- Claims for Services Rendered: You must enclose a copy of the correspondence or signed initial contract sent by the Failed Institution to request your services and an invoice. In the case of law firms (or other professional firms) retained by the Failed Institution, enclose an itemized invoice detailing charges accruing prior to failure. For appraisal services, enclose proof that the appraisal was completed.
- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

SUBMITTING YOUR CLAIM

There are two ways to submit your claim:

- E-file via the internet by completing an online form FDIC 7200/19 and attaching supporting documentation. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim. It is highly recommended. Please go to: <https://www2.fdic.gov/NDCWeb/>
- Via mail to the following address: **7777 Baymeadows Way W Jacksonville, FL 32256** If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery.

NOTE: If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19

**Federal Deposit Insurance Corporation
as Receiver for
Progress Bank of Florida, Tampa, FL**